Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE

I. Name of Lobbyist(s)	Advan Sch	unidt	DEPARTMENT	OF S
II. Name of lobbyist's par			<u> </u>	
	brimbiles Stea mership, firm or corporation)		ISLLC	
III. Name of Client			Date	_
Political Contributions				
For each political contribuction to by its and lobby in			er 664 paid on behalf of the	
enentroodyist and loodyis	ig iiiii, iiidicate tite foi	lowing.		
	7			
Full name of candidate:	Committee	to Elect Hou	Se Democrats (Middle Name/Initial)	
		(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	100	Office Candidate is	Seeking	
actual cost of the in-kind cor enter an estimated value and	tribution on the line above the word "estimate."		s or services provided, and enter the tion. If the actual cost is not known	
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	160	Office Candidate is	Seeking Stufe Sewabe	_
	tribution on the line above		or services provided, and enter the ion. If the actual cost is not known	
Full name of candidate:	Senate Dem	ovatic Cance (First Name)	(Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is	,	
Amount of Contribution 3	-	Office Candidate is	Jooking	_

(If more than three contributions were made, rep	ort additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lob	obyist
Those read DSA 15 DSA 15 D and DS	A 664 and hereby swear or affirm that the foregoing information
Thave read Row 13, Row 13-0 and Ro	oo rana nereo jowen or ammin mar me reregenig intermation
is true and complete to the best of my k	

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Alam Schu	wat	DEPARTMENT C
II. Name of lobbyist's na	rtnership, firm or cor	poration, if any:	1.
7.	Grimbiles 5	Hrwtegic Sofi	ations, LL C
(Name of pa	rtnership, firm or corporation)	0	
II. Name of Client			Date
Political Contributions			
or each political contribu			ster 664 paid on behalf of the
lient/lobbyist and lobbyi	ng firm, indicate the fol	llowing:	
	V	~	
ull name of candidate: _	Nahw	(First Name)	(Middle Name/Initial)
	· ·	(1 list Nanic)	
Amount of contribution \$	[60	Office Candidate i	s Seeking State Scuale
	(hali in a s	M (1	
Full name of candidate: _	Hennessey	(First Name)	(Middle Name/Initial)
	164		
Amount of contribution \$ _	[00	Office Candidate is	Seeking State Sence
	ntribution on the line abov		ds or services provided, and enter th ution. If the actual cost is not know
·			
Full name of candidate: _	Cavanaush	Keuin	
Full name of candidate: _	Cavanaush (Last Name)	(First Name) Office Candidate is	(Middle Name/Initial)

the contribution is an in-kind contribution, provide a descrip tual cost of the in-kind contribution on the line above for an ter an estimated value and the word "estimate."	
more than three contributions were made, report additional contrib	butions on separate addendum C forms.)
vorn Statement/Affirmation by Lobbyist	
ave read RSA 15, RSA 15-B and RSA 664 and hereby	
true and complete to the best of my knowledge and be	lief.
Dan Suidt	4123119
Signature of lobbyist)	(Date)
Adam Schmatt	
Print Name of lobbyist)	

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I. Name of Lobbyist(s)	Adan John	<i>idt</i>		NEW HAMPSHIRE DEPARTMENT-OF STAT
II. Name of lobbyist's pa	rtnership, firm or corp	oration, if any:	L-	
<u>5. 6v</u>	imbhas Stut	recre Solutions	:LLC	
			-	
III. Name of Client			Date	
Political Contributions				
For each political contribution client/lobbyist and lobbyist			er 664 paid on	behalf of the
	ing mini, mareare me rem	owing.		
	^			
Full name of candidate: _	Souch	Douna		
_		(First Name)	(Middle N	·
Amount of contribution \$	[60	Office Candidate is	Seeking Sta	te Schall
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	tribution on the line above			
Full name of candidate: _	(Last Name)	(First Name)	(Middle N	ame/Initial)
Amount of contribution \$	160	Office Candidate is	Seeking 5	re Surate
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	ntribution on the line above			
			==	
Full name of candidate:	10000000	Mekale		
Full name of candidate:	Levesque (Last Name)	(First Name)	(Middle N	ame/Initial)

		100	
(If more than three contributions	were made, report additional contr	ributions on separate addendum C forms.)	
Sworn Statement/Affirm	ation by Lobbyist		
	15-B and RSA 664 and hereb best of my knowledge and b	by swear or affirm that the foregoing information	ition
Adu San	alf	4/22/11/	
		(/_0/5/1/2	

Lobbyists Report of **Political Contributions** Addendum C (RSA Chapter 15:6)

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IRE STATE

I. Name of Lobbyist(s)	Adam >	chuidt	D	NEW HAMPSH EPARTMENT OF
II. Name of lobbyist's part	mership, firm or cor	poration, if any:		
3.0	Grombiles =	Hatejic Solvo	lous.LLC	
(Name of parts	ership, firm or corporation)	7		
III. Name of Client			Date	
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on b	ehalf of the
(·	
Full name of candidate:	(Last Name)	Havold (First Name)	(Middle Nam	e/Initial)
Amount of contribution \$		• ,	•	,
If the contribution is an in-kin actual cost of the in-kind contre enter an estimated value and the	ribution on the line abov			
Full name of candidate:	Leas A (Last Name)	Sohw (First Name)	(Middle Nam	
Amount of contribution \$	00	Office Candidate is	Seeking Sar	Sevatl
If the contribution is an in-kin actual cost of the in-kind contre enter an estimated value and the	ribution on the line abov			
Full name of candidate:	(Last Narhe)	(First Name)	(Middle Nam	e/Initial)
Amount of contribution \$	(DO	Office Candidate is	ماله	Sarato

			
(If more than three	ee contributions were made, re	port additional contributions on sep	parate addendum C forms.)
Sworn Stater	nent/Affirmation by Lo	bbyist	
	SA 15, RSA 15-B and RS		affirm that the foregoing information
Ad	uschert		4123119
	lobbyist)		(Date)

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

II. Name of lobbyist's pa			
	5. Grimtilas	Strateric Sol	ations LCC
(Name of pa	utnership, firm or corporation)		
III. Name of Client			Date
Political Contributions			
	ution that is reportable	pursuant to RSA Chapte	er 664 paid on behalf of the
client/lobbyist and lobbyi	ing firm, indicate the fol	llowing:	
or the control of the			
	51	المريد ا	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	106		
Amount of contribution \$ _	100	Office Candidate is	Seeking State Jeugt
			s or services provided, and enter the
actual cost of the in-kind co	ntribution on the line abov		s or services provided, and enter the tion. If the actual cost is not know
	ntribution on the line abov		tion. If the actual cost is not know
actual cost of the in-kind co enter an estimated value and	ntribution on the line above the word "estimate." Studsel (Last Name)	Aes (Wan	(Middle Name/Initial)
ectual cost of the in-kind coenter an estimated value and	ntribution on the line abov		(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Studell (Last Name) Lind contribution, provide antribution on the line above	(First Name) Office Candidate is a description of the goods	(Middle Name/Initial) Seeking State Seuce before sor services provided, and enter t
Full name of candidate: Amount of contribution \$	Studell (Last Name) Lind contribution, provide antribution on the line above	(First Name) Office Candidate is a description of the goods	(Middle Name/Initial) Seeking State Seuce before sor services provided, and enter t
Full name of candidate: Amount of contribution \$	Studell (Last Name) Lind contribution, provide antribution on the line above	(First Name) Office Candidate is a description of the goods	(Middle Name/Initial) Seeking State Seuce before sor services provided, and enter t
Full name of candidate: Amount of contribution \$	Studell (Last Name) Lind contribution, provide antribution on the line above	(First Name) Office Candidate is a description of the goods	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
(If more than three contributions were made as an allitical and invited in the contributions and the contributions are all the contributions and the contributions are all the contributions and the contributions are all the con
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.
Mr. Col. A
-4/23/19
(Signature of lobbyist) (Date)
Adam Schwitt
(Print Name of lobbyist)

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NEW HAMPSHIRE

I. Name of Lobbyist(s)	Adam S	hmidt		NEW HAMPS DEPARTMENT (
II. Name of lobbyist's par	tnership, firm or corpo		olutioi.	<u> </u>
(Name of part	mership, firm or corporation)	3 - 10 10 -		
III. Name of Client			_Date	
Political Contributions For each political contribu client/lobbyist and lobbyir		•	664 paid on l	behalf of the
Full name of candidate: _	Chandley (Last Name)	Shannon (First Name)	(Middle Nan	ne/Initial)
Amount of contribution \$	100	Office Candidate is Sec	eking St	ate Senate
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line above			
Full name of candidate: _	Coun mitteet	o Elect House (First Name)	Ropublica (Middle Nan	ne/Initial)
Amount of contribution \$	100	Office Candidate is See	king	
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line above	for amount of contribution	. If the actua	rided, and enter the l cost is not known,
		Novey		
Full name of candidate: _	(Last Name)	(First Name)	(Middle Nar	mc/Initial)
Amount of contribution \$	100	Office Candidate is See	king Start	k Sewite

· · · · · · · · · · · · · · · · · · ·	
(If more than three contributions were made, report addition	onal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 ar	nd hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledg	-
	111-51111
	41131101
(Signature of lobbyist)	$\frac{902310}{\text{(Date)}}$

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` '	Adam Schmittnership, firm or corporation)			NEW HAMPSH
(Name of parts		ration, if any:		DEPARTMENT-OF
(Name of parts			_	
, ,	70 ON INNIONO - 1		nu 5	
	nership, firm or corporation)	- 01/2 C - 01012	<i>y</i> . <u> </u>	
III. Name of Client		c	Date	
Political Contributions For each political contribut	•	•	4 paid on	behalf of the

Full name of candidate:	Nietsch (last Name)	Seanul (First Name)	(Middle Na	nme/Initial)
Amount of contribution \$	100	_ Office Candidate is Seeki	,	· ·
f the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	tribution on the line above f			
	Dingett	Russell		
Full name of candidate:	(Last Name)		(Middle Na	me/Initial)
Amount of contribution \$	100	_Office Candidate is Seeki	ng By	eatio (anal
If the contribution is an in-kin		escription of the goods or se	ervices pro	vided, and enter the
actual cost of the in-kind cont enter an estimated value and t				
		(First Name)	(Middle Na	ame/Initial)

If the contribution is an in-kind contribution, provide a description of the gactual cost of the in-kind contribution on the line above for amount of con-	goods or services provided, and enter the
enter an estimated value and the word "estimate."	mountain in the actual cost is not known,
If more than three contributions were made, report additional contributions on sep	parate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a strue and complete to the best of my knowledge and belief.	affirm that the foregoing information
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Haucauf	4/23/19
(Signature of lobbyist)	(Date)
Adam Schmout	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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I. Name of Lobbyist(s)	Adam El	unidt		NEW HAMPSH DEPARTMENT OF
II. Name of lobbyist's part				
2.	Grimbles 5	Fuotegic Solut	HOUS, LL	<u></u>
(Name of partn	ership, firm or corporation)	J	, -	_
III. Name of Client			Date	
Political Contributions For each political contribute client/lobbyist and lobbying	-	-	er 664 paid o	n behalf of the
Full name of candidate:	Giuda (Last Name)	Bob (First Name)	(Middle N	lame/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking	Hate Senabe
	1 1 1	Λ (
Full name of candidate:	Ward	Ruth		
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is S	•	lame/Initial) Lute Sevate
If the contribution is an in-kin actual cost of the in-kind contre enter an estimated value and the	ribution on the line abo			
	144 015 (110	SON		
Full name of candidate:	(Last Nakob)	(First Name)	(Middle I	Name/Initial)
Amount of contribution \$	100	Office Candidate is S	Seeking _	ate Severte

he contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
ual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, er an estimated value and the word "estimate."
et an estimated value and the word estimate.
nore than three contributions were made, report additional contributions on separate addendum C forms.)
orn Statement/Affirmation by Lobbyist
ave good DCA 15 DCA 15 D and DCA 664 and hereby given an affirm that the favoring information
ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information rue and complete to the best of my knowledge and belief.
The and complete to the best or my knowledge and benefit.
HM 1200 9/23/10
ignature of lobbyist) (Date)
Same of the same o
Ham 5. Sarmitt
rint Name of lobbyist)